PRE-PROPOSAL CONFERENCE MINUTES
Maryland Department of Health (MDH)
Medical Benefits Management (MBM)

Solicitation—Rare and Expensive Case Management (REM) Services

The Pre-Proposal Conference was held on Wednesday, September 11, 2019 at the Maryland Department of Health Offices, Conference Room L-1, 201 W. Preston Street, Baltimore, MD 21201. The Pre-Proposal Conference began at approximately 2:00 p.m.

Pre-Proposal Conference Attendees:

Maryland Department of Health

- Margaret "Mike" Berman, Contract Monitor
- Jill Spector, Director, MBM
- Dennis Schrader
- Webster Ye
- Alex Shekhdar
- Maura Smith
- Glinna Michael
- Ella Wood
- Katie Neral
- Jon Rudy
- Amy Miller
- Monchel Pridget
- Wanda Ramirez
- Stephen LeGendre

Potential Offerors

- Alfred Sesay, Blossom Services
- Blessing Ndang, Blossom Services
- Mario Newsome, Blossom Services
- Teresa Titus Howard, The Coordinating Center
- Sharyn King, The Coordinating Center
- Mary Ryan, The Coordinating Center
- Jennifer Sears, The Coordinating Center
- Renee Dain, The Coordinating Center
- Bruce Bereano, representing MMARS

- Alan Ofsevit, MMARS
- Jim Stewart, MMARS
- John Whittle, Service Coordination, Inc.
- Selena Dorman, Excel

Jill Spector convened the meeting and welcomed all in attendance. All in the room were asked to identify themselves.

REM Overview - Mike Berman, Contract Monitor

The REM Program is part of HealthChoice, Maryland Medicaid's managed care program.

In order to be eligible for the REM Program, a person must be eligible for HealthChoice and diagnosed with an approved REM qualifying diagnosis within the required age limits. In other words, you have to have both a REM qualifying diagnosis and be within the age limits for that diagnosis.

Examples of types of REM qualifying diagnoses include quadriplegia, ventilator dependence, congenital anomalies including spina bifida, metabolic disorders including cystic fibrosis, chronic kidney disease, and blood diseases including hemophilia.

We currently have about 4,300 participants enrolled in the REM program.

REM case managers are either licensed registered nurses or licensed social workers.

REM case managers complete a face-to-face assessment to identify the recipient's needs and collaborate with the recipient/family, PCP and other service providers to develop a case management plan to address those needs. They implement the plan, make modifications as needed, and coordinate and monitor the delivery of services. Case management contact with the participant includes face-to-face visits and telephone/email contact.

Proposal Timeline - Jill Spector, Director

- Solicitation originally released on August 5, 2019
- Solicitation Addendum posted on August 22, 2019
- Pre-Proposal Conference on September 11, 2019 from 2-4 PM in Room L-1
- Responses to REM CM Solicitation must be received by 2 PM on Monday, September 30, 2019. No exceptions made.
- Contract Award expected to be announced in November 2019
- Transition period of new contract to take place from December 2019 through February 2020
- Contract commencement on March 1, 2020

The contract resulting from this solicitation will be for three (3) years beginning on or about March 1, 2020. There are two (2) one-year option periods.

All documents and information related to the REM CM Solicitation including the minutes from this meeting (including answers to questions) and any future questions/answers or addendums will be posted on the following webpage: https://mmcp.health.maryland.gov/longtermcare/Pages/REM-Program.aspx.

Proposal Reminders - Mike Berman, Contract Monitor

A transmittal letter prepared on the Offeror's letterhead and signed by someone who is authorized to commit the Offeror to the services and requirements of the solicitation should be included. The specifics of what need to be included are described on pgs. 46-47 of the solicitation.

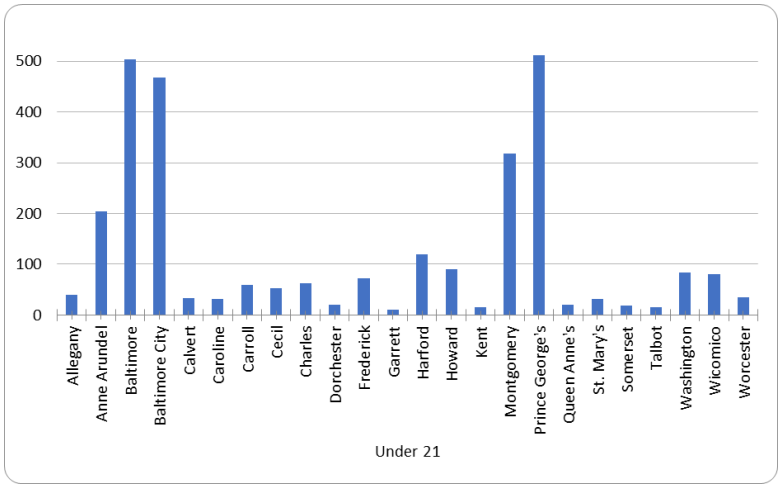
Under Section 8.0, the Department lists the criteria under which we will evaluate each bidder's response to this solicitation. The criteria are listed in descending order of importance. In your proposals, bidders should address each item, highlight areas of expertise in each of these requirements and the strategies you would employ for implementation of this contract.

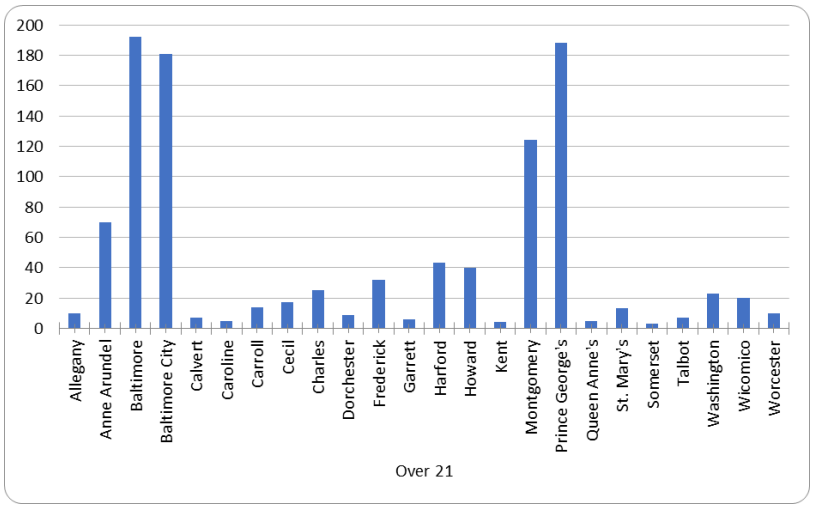
The following number of Technical proposals is required: one (1) original and four (4) copies; one (1) electronic version (USB Flash Drive/ CD) in Microsoft Word format; and a second electronic version in searchable pdf format (USB Flash Drive/CD) for Public Information Act (PIA) requests. The CD/USB Flash Drive must be labeled on the outside with the solicitation title and name of the Offeror. This copy shall be redacted so that confidential and/or proprietary information has been removed.

Submitted Q & A - Mike Berman, Contract Monitor

1. **Of the 4000+ REM participants, what is the geographical prevalence of participants by county?**

Answer: See graphs below





2. Single Vendor:

The current solicitation continues to make one award to a single offeror, rather than having multiple vendors to provide case management services to the program. The program had multiple vendors since its inception (1997) up until 2014.
Targeted Case Management (TCM) services for all other Maryland Medicaid programs, where there is sufficient volume to justify multiple vendors, all currently have multiple TCM vendors. The REM program services thousands of people, not hundreds.

One of the primary concerns of having multiple vendors for REM TCM services was the lack of a uniform data system and the fragmentation that this caused. A key component of the 2019 solicitation is the introduction of the use of Maryland's LTSS platform for the REM program. Maryland has invested a tremendous amount of time and money into migrating its Medicaid Waiver programs onto a common platform, the LTSS system. The use of the LTSS system for the REM TCM vendor is a requirement of the current solicitation.

The LTSS system currently supports numerous TCM agencies across multiple programs, without any issues requiring that there be only a single TCM vendor for a particular program.

More so, potential operational and programmatic issues around having multiple agencies providing TCM services are also addressed by the system.

Answer: In the previous Request for Proposal (RFP), MedChi and the Maryland Chapter of the American Academy of Pediatrics recommended that the State consolidate care coordination services under a single statewide vendor in order to end patient and physician confusion about which company is responsible for case management, standardize procedures, secure required services, and facilitate communication and accountability. Additionally, the Centers for Medicaid and Medicare Services (CMS) authorized the Department to selectively contract with a single entity for the provision of case management services. Ultimately, working with a single case management vendor simplified care coordination for participants, their families, and community providers such as specialists, pediatricians, family practitioners and hospital discharge planners.

A single contractor for REM case management services also streamlined the Department's contract oversight regarding referrals, trainings and monitoring.

The Department is will use LTSSMaryland to store all quantitative and qualitative data for the REM Program. We strongly believe this will be a positive change to the Program by further enhancing care coordination.

3. **Does MDH have a standard or expectation for a case manager to participant ratio? What is the average ratio currently in the REM program?**

Answer: MDH does not have a standard or expectation for a case manager caseload limit. The Department believes that due to the varying intensity of case management (and corresponding level of care) required for REM participants, we cannot include a maximum caseload number. The average caseload for the current REM case management Contractor is 54 cases per REM case manager.

4. **For the case management Add-On for assignment of participants from other MDH Medicaid or Medicaid waiver case management programs, what is the potential total number of assignments and what is the earliest possible time frame when this may occur?**

Answer: The potential total number of assignments is approximately 1,575 participants. There is no timetable developed at this time to implement the "Add-On" option.

Note: The Department is removing the Add-On Option from the REM Case Management Solicitation.

5. **Solicitation Qualifications for the Vendor and Staff Have Increased and Limit Qualified Respondents.**

The current solicitation has an increased level of required and highly desirable qualifications for both staff and the vendor. The additional verbiage goes well beyond the prior and all

other REM solicitations and would be difficult to impossible to meet unless you were either the incumbent or performing similar work in a different State.

These changes include new qualifiers specific to the REM program and the incumbent, such as "to pediatric and adult clients with complex medical needs," "At least five (5) years of experience working with Medicaid programs, including MCOs," and "At least two (2) years of demonstrated knowledge and experience with medically complex children and/or adults with disabilities, comorbid conditions, and individuals experiencing poverty."

A number of roles now require a licensed registered nurse or licensed social worker that did not require this before. For case managers, a nationally recognized certification in case management is now required for all case managers, not just social workers. This models the incumbent's current structure and was never required before.

As the scope of work for the solicitation is functionally the same, an increase in the staff and vendor requirements to match the incumbent's qualifications would appear to set an artificial bar that limits qualified respondents.

Answer: The Department continuously strives to improve its programs and services offered to the Medicaid population. We want to ensure that REM participants access the services they need from the best possible providers. Due to the complex medical needs of many of the REM participants, the Department added the following new requirements: the Contract Manager must now be a licensed registered nurse or a licensed social worker and the Quality Improvement Manager must be a licensed registered nurse. We believe these additional requirements will improve the delivery of REM case management services.

6. **Does MDH anticipate that transition 4000+ participants to a new vendor will occur all at one time, or does MDH anticipate that the transition will be phased in over a period of time?**

Answer: MDH anticipates the transfer of all REM participants by March 1, 2120.

7. **Further Consolidation of TCM Services across multiple programs beyond REM:**

Section 6.3 of the current solicitation details an Add-On Option that if invoked, consolidates all TCM services for the CFC (Community First Choice) and DDA (Developmental Disabilities Administration) programs to the single REM TCM provider for people in multiple programs who have REM.

The Add-on option assumes that the REM case manager is the only required case manager for a person in any of these programs. The one REM case manager would need to be able to provide not only REM case management but also coordinate all DDA services as well as CFC services. It should be noted that REM services are "fee for service" and without referral. DDA and CFC services are by approval only and have a complex and detailed authorization process that is managed by the coordinator and supports planner. The roles are not one in the

same. The waiver programs are all quite different and while the title of "TCM" may imply significant redundancy, this is not the case.

There are also a number of other issues that the add-on causes, but most importantly, this consolidation removes choice from the person in these programs.

While MDH and the State have clearly defined choice not as "a choice of provider," but as a choice of "Case Manager," the add-on's consolidation clearly eliminates choice amongst the case managers that a person currently has. The coordinator or supports planner who may be serving a person best and have worked with them for years will be removed as a choice. It is disingenuous to think that the REM case manager will perform all roles and that the REM TCM provider will not simply assign the equivalent of a Coordinator or a Support Planner from their organization to replace the person's existing and potentially preferred choices for these programs. Choice and person-centeredness are two key tenants of both the CFC and DDA programs, and this consolidation is clearly neither.

It should also be noted that the Add-On rate is an additional capitation amount of $350 per person per month in addition to the REM rate. Both the CFC and DDA TCM vendors have been told that capitation for TCM for these programs was impossible. A capitated rate of $350 is more than the existing costs incurred per person per month for TCM services for the current CFC and DDA programs. Any efficiencies or savings from reducing a perceived redundancy of TCM services somehow seems to incur the opposite, as the add-on will simply cost more than how things currently are. If offered a capitated rate similar to the add-on of $350 per person per month, the existing TCM vendors of both the DDA and CFC programs would gladly be the sole case manager for the people that they serve.

Answer: Over the years, the Department received feedback that there is duplication of case management services for participants enrolled in multiple case management or waiver programs. The Department is committed to working with the various programs to streamline the program requirements to facilitate one case manager coordinating the participant's plan of care. The Department is aware of the extensive collaboration and training that would be required before this Add-On option could ever be implemented.

Section 6.3.2 states "This Maryland Medicaid Case Management Add-On Option shall be invoked at the Department's discretion and at an additional monthly rate, not to exceed $350.00." The final rate has not yet been established.

Note: The Department is removing the Add-On Option from the REM Case Management Solicitation.

Q & A from Conference Attendees

1. **How many REM participants are currently in each of the Levels of Care (LOC) separately as described in Appendix C, page 61, and elsewhere in the RFP?**

Answer: Initial Assessment (1st Month in REM) - 27

Level of Care 1 - 1486
Level of Care 2 - 1586
Level of Care 3 – 862

2. Will the transition to the new contract be gradual or will all clients be transferred in one (1) day? Will the transition impact the way the proposal is written?

Answer: The selected Contractor is required to submit a transition plan as instructed in Section 4.2 of the REM Case Management Solicitation. The Department will collaborate with the selected Contractor on the transition of REM participants, with the expectation that all REM participants will be transitioned by March 1, 2020.

3. Is REM LTSS ready to go? Will there be enough time to train a new vendor to use LTSS and perform their REM case management duties?

Answer: The Department expects the REM LTSS to be fully operational by March 1, 2020. We will provide REM LTSS training for the vendor awarded the REM CM Contract prior to the start of the Contract.

4. When was the REM Program started?

Answer: The REM Program was implemented as part of HealthChoice, Maryland Medicaid's managed care program on July 1, 1997.

5. When did the REM Program move to a single vendor?

Answer: The REM Program moved to a single case management contractor in March of 2013.

6. What are the odds that a new vendor will be selected?

Answer: The Department welcomes all interested parties to submit a proposal to the state-wide competitive solicitation. All proposals will be evaluated using the same criteria, which is listed in Section 8.0 of the solicitation.

7. Why doesn't the REM Program have multiple vendors when other Medicaid programs do have multiple vendors?

Answer: The REM Program serves some of the most medically complex Medicaid children and adults. Since REM case managers are required to be registered nurses or social workers, they are able to provide a higher level of medical case management services. The Department wanted consistency between vendors to be a part of the REM Program's higher standards. In addition, the Department received recommendations from the Maryland Chapter of the American Academy of Pediatrics and Med-Chi in 2012 to select a sole REM Case Management provider to make it easier for families and providers to identify and contact either their REM case manager or the REM case manager for their patients.

8. Where is the documentation that having multiple vendors confused families?

Answer: In 2012, Med-Chi and the American Academy of Pediatrics wrote letters to the Secretary of Health recommending that the State consolidate case management services under a single statewide vendor in order to end patient and physician confusion about which company is responsible for case management, to standardize procedures, to secure required services, and to facilitate communication and accountability.

9. Do you think the confusion over case managers would still occur six years later, especially with the use of LTSS?

Answer: Yes, the Department believes that confusion would still occur. The LTSS is not available for primary care providers, specialists, and DHS workers, among others.

10. Has there been a satisfaction survey conducted of the participants?

Answer: There was a REM Satisfaction Survey completed for calendar years 2017 and 2018. The results demonstrated that participants were extremely satisfied with their REM Case Management services, with scores of 88 and 89 percent, respectively.

11. Why is the Department considering the add-on option?

Answer: In July 2018, the Department engaged Public Consulting Group (PCG), a public sector focused management consulting firm, to begin work on a program diagnostic assessment aimed at identifying opportunities for organizational improvements. The group explicitly recommended that the Department move to a single case manager model for participants enrolled in multiple programs as a cost-saving and quality-improving measure. However, as a result of the Pre Proposal Conference, the Department is removing the Add-On Option from the REM Case Management Solicitation.

12. Is there a possibility for small vendors to provide services for small counties?

Answer: The Department intends to award one contract for statewide case management services. The selected Contractor may sub-contract with a vendor for case management services.

13. Is there an expectation for respondents to also submit proposals to other Medicaid program procurements in the context of the add-on option?

Answer: No, there is not an expectation for respondents to also submit other proposals because the Department would collaborate between programs to standardize requirements. The Department is removing the Add-On Option from the REM Case Management Solicitation.

14. If the incumbent is already providing services for other programs, aren't they "ready to go?" In essence, the incumbent would have an anti-competitive "leg-up."

Answer: The proposal will be evaluated using the selection criteria found in Section 8.0 of the solicitation. The perception of an advantage does not equate to an advantage in the evaluation. Multiple potential Offerors provide case management services to additional Medicaid programs identified as part of the Add-On option. The Add-On option requires extensive collaboration and the selected Contractor would receive additional training for implementation of the Add-On option, regardless of their prior experience with other Medicaid programs.

The Department is removing the Add-On Option from the REM Case Management Solicitation.

15. How will the sole case manager have the expertise necessary to service all three programs?

Answer: The Department acknowledges that extensive training will be needed for the Contractor PRIOR to implementation of the Add-On option.

The Department is removing the Add-On Option from the REM Case Management Solicitation.

16. Will there be an option to subcontract the add-on option?

Answer: The Department is removing the Add-On Option from the REM Case Management Solicitation.

17. Does the Add-On option effectively create a monopoly for case management services within Medicaid?

Answer:
The Department is removing the Add-On Option from the REM Case Management Solicitation.

Meeting adjourned at 3:05 p.m.